



DINING

VOLUNTEER FUNDRAISING GROUP – HOURS SHEET

INVOICE #

Group Information	Office Use Only
Group Name:	I/We acknowledge receipt of these goods and/or Services.
Group Contact:	Vendor ID -
Contact Phone #:	Shipment Receipt # -
Email (for billing):	Voucher ID # -
	Approved-Date -
	Entered Date -
	Funding – 621160 - - 3410

Work Location – Circle One

Residence Dining Center West Dining Center Union Dining Center Retail Catering

Group Members	Date	Shift Duration/Hours
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Hourly Rate/Group Member	Total Group Hours
\$11.00 x Total Hours =	Total Expense

Shift Supervisor _____ Manager Approval _____